

ISSUE SLIP STAPLE AREA (for additional cross references)

09/618708

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	757		7-27-00
O.I.P.E. CLASSIFIER		10	8-1-00
FORMALITY REVIEW		600245	10-19-00
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	
1	1 2 8 5 1
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
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45	✓
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47	✓
48	✓
49	✓
50	✓

Claim	Date
Final Original	
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Claim	Date
Final Original	
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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